



THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE ASHBURTON PLACE, BOSTON, MA 02108-1607

AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT PAYMENT

SECTION A Retiree to complete Section A:

Name:	
Address:	
City, State, Zip:	
Phone:	()
SS #:	
Retirement Case #: (If known)	

"I, _____ hereby authorize the State Treasurer to deposit my retirement pay into my account at the financial institution named below. The State Treasurer is also authorized to debit my account, to adjust any over deposit, which it has caused to be made to my account. This authorization will remain in effect until cancelled by the retiree with thirty (30) days written notice to the Treasurer and Receiver General, One Ashburton Place, Boston, MA 02108, or by the State Treasurer in the event of the death of the retiree.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

(Signature of Retiree)_____
(Date)

IF BEING DEPOSITED INTO A CHECKING ACCOUNT PLEASE INCLUDE A VOIDED CHECK

SECTION B Financial Institution to complete Section B:

We the below designated, certified, receiving financial institution hereby agree to receive and post credits and or debits for the payee named herein. We understand that the payee named above has the right to cancel this authorization, and we reserve the right to cancel the agreement by notice to the payee.

Name of Financial Institution:	
Address of Financial Institution:	
City, State, Zip:	
Branch Designation: (If applicable)	
Bank Contact:	Phone: ()
Depositor Account Title: (Indicate all names if joint)	
Routing #:	
Depositor Account #:	
Please check appropriate box:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

Please return form to: State Board of Retirement, One Ashburton Place – Room 1219, Boston, MA 02108-1607

For more information call (617) 367-7770 or 1-800-392-6014 (Mass. only) - fax # (617) 723-1438

Please notify the Retirement Board of any change of address.

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